

Massachusetts Department of Environmental Protection  
Environmental Results Program  
**Installation Compliance Certification**  
For New Emergency Engines and Emergency Turbines

Facility Name \_\_\_\_\_

MassDEP Facility ID# (if known) \_\_\_\_\_

## A. Facility Information

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Location:

Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Federal Employer ID # (FEIN) \_\_\_\_\_

2. Mailing Address and Contact Information:

Street/PO Box: \_\_\_\_\_

Email Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

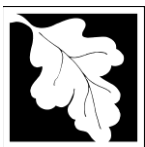
Contact Person Name \_\_\_\_\_

Contact Person Title \_\_\_\_\_

## B. Compliance Information

Complete and submit an Initial Compliance Certification form for *each* new emergency engine and emergency turbine that is subject to the Environmental Results Program (ERP) for Emergency Engines and Emergency Turbines. Answer all questions. **IMPORTANT NOTE:** Answering "No" to certain questions requires completion of the Return to Compliance form. In these cases, the notation "RTC" appears next to "No."

	Engine or Turbine	Genset
Manufacturer of Unit	_____	_____
Model #	_____	_____
Serial #	_____	_____
Rated Power Output (Engine or Turbine)	_____	N/A
Electrical Output (Kilowatts)	N/A	_____
Date Installed (MM/DD/YYYY)	_____	_____
EPA Certificate # for Unit (Oil-Fired Engines Only)	_____	_____
Date Operation Commenced (MM/DD/YYYY)	_____	_____



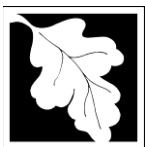
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**B. Compliance Information** (continued)

1. Is the new unit an emergency engine? ☐ Yes – Skip to Question 3 ☐ No
2. Is the new unit an emergency turbine? ☐ Yes ☐ No
3. Is the primary fuel to be burned natural gas? ☐ Yes ☐ No
- 4a. Is the primary fuel to be burned fuel oil? ☐ Yes ☐ No
- 4b. Are you only accepting delivery of fuel that meets the sulfur content limits pursuant to 310 CMR 7.05 (i.e., less than 15 ppm sulfur)? ☐ Yes ☐ No  
*Workbook Section 2.2.*
- 5a. For emergency engines burning fuel oil, have you attached to this certification a statement from the supplier that the engine has been issued, by the Administrator of the U.S. Environmental Protection Agency (EPA), a certificate of conformity stating that it meets the applicable emission standards? ☐ Yes ☐ No – RTC  
*Workbook Section 2.1.*
- 5b. For emergency engines burning natural gas, have you attached a letter or other documentation from your supplier that the engine meets the applicable non-road emission limitations that will satisfy the certificate of conformity requirement at the time of installation and is capable of compliance with the emission limitations for the first three years of operation? ☐ Yes ☐ No – RTC  
*Workbook Section 2.1.*
6. Is the unit equipped with a non-turn back hour counter? ☐ Yes ☐ No – RTC  
*Workbook Section 2.3.*
7. Will the emergency engine only operate during emergencies, and for up to 100 hours/year for maintenance checks and readiness testing (or as otherwise approved by EPA) including up to 50 hours/year for non-emergency use, as allowed by 40 CFR 63 part ZZZZ? ☐ Yes ☐ No – RTC
- 8a. Is the exhaust stack configured to discharge combustion gases vertically, and not equipped with any part or device that restricts the vertical exhaust flow of the emitted combustion gases? ☐ Yes ☐ No – RTC  
*Workbook Section 2.4.*



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**B. Compliance Information** (continued)

- 8b. Have you located the unit to minimize emission impacts on sensitive receptors, including but not limited to, people, windows and doors that open, and building fresh air intakes, by employing good air pollution control engineering practices? Such practices include avoiding locations that may be subject to downwash of the exhaust and providing sufficient stack height to minimize flue gas impacts upon sensitive receptors.
- ☐ Yes ☐ No – RTC

*Workbook Section 2.4*

**For questions 8c and 8d, answer only the questions that apply to your unit's power output rating. If your unit is rated at less than 300 kilowatts, skip to Question 12.**

- 8c. If the unit has a power output rating of 300 kilowatts or greater, is the height of the stack a minimum of ten feet above the facility rooftop or unit enclosure, whichever is lower?
- ☐ Yes – Go to Question 11 ☐ No – RTC

*Workbook Section 2.4*

- 8d. If the unit has a power output rating of one megawatt or greater, is the height of the stack at least ten feet above and greater than 1.5 times above the height of the building, and higher than the height of any structure that is within 5L of the stack (5L being five times the lesser of the height or maximum projected width of the structure)?
- ☐ Yes – Go to Question 11 ☐ No – Go to Question 9
- Workbook Section 2.4*

9. If you answered No to Question 8d, have you performed an analysis using an EPA dispersion model to determine that emissions will not cause a violation of the National Ambient Air Quality Standards?
- ☐ Yes ☐ No – RTC

*Workbook Section 2.4.  
See Appendix 1 for data needs*

10. Did the analysis demonstrate that the stack emissions will not cause a violation of the National Ambient Air Quality Standards? (Attach a copy of the analysis to this certification form)
- ☐ Yes ☐ No – RTC

11. Is the unit designed, and have you located the unit, so that when operated sound impacts upon sensitive receptors will be minimized and will be in compliance with 310 CMR 7.10 Noise?
- ☐ Yes ☐ No – RTC

*Workbook Section 2.5*

12. Have you put in place procedures to maintain records as listed in Section 2.6 of the workbook?
- ☐ Yes ☐ No – RTC



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## C. Certification Statement

Note: Complete all required forms before signing this statement

I attest under the pains and penalties of perjury:

- I. That I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- II. That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete;
- III. That systems to maintain compliance are in place at the facility and will be maintained even if processes or operating procedures are changed; and
- IV. That I am fully authorized to make this attestation on behalf of this facility.

I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

Signature \_\_\_\_\_

Print First Name \_\_\_\_\_

Print Last Name \_\_\_\_\_

Title \_\_\_\_\_

Date of Certification (MM/DD/YYYY) \_\_\_\_\_

Source of Signatory Authority:

If a Corporation:

☐ President ☐ Secretary

☐ Treasurer ☐ Vice President\*

☐ Representative of the above\*\*

\* If authorized by corporate

\*\*If authorized by corporate vote and responsible for overall operation of the facility

If a Partnership: ☐ General Partner

If a Sole Proprietorship: ☐ Proprietor

If a Municipality or Public Agency:

☐ Principal Executive Officer

☐ Ranking Elected Official (empowered to enter into contracts on behalf of the municipality or public agency)